



State of California Secretary of State

FILE NO. _____

AMENDMENT TO A JOINT POWERS AGREEMENT

(Government Code Section 6503.5 or 6503.7)

Instructions:

1. Complete and mail to: Secretary of State, P.O. Box 942877, Sacramento, CA 94277-0001 (916) 653-3984
2. Include filing fee of \$1.00.
3. Do not include attachments.

(Office Use Only)

Date of filing initial notice with the Secretary of State: _____

File number of initial notice: _____

Name of Joint Powers agreement: _____

Mailing Address: _____

Complete one or more boxes below. The agreement has been amended to:

☐ Change the parties to the agreement as follows: _____

☐ Change the name of the administering agency or entity as follows: _____

☐ Change the purpose of the agreement or the powers to be exercised as follows: _____

☐ Change the short title of the agreement as follows: _____

☐ Make other changes to the agreement as follows: _____

Date

Signature

Typed Name and Title